

● PRINTER RUSH ●

(PTO ASSISTANCE)

Application : 10/777610

Examiner : Heinrich, S

GAU : 1725

From: S. J. C.

Location: IDC FMF FDC

Date: 03-31-05

Tracking #: 06078933

Week Date: 02-21-05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>02-12-2004</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Improper Dependency:

A) Original claim 29 depends upon canceled original claim 26.

B) Original claims 31, 33, and 34 depend upon canceled original claim 25.

Please resolve.

Thank you,
SJR

[XRUSH] RESPONSE:	INITIALS:
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NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04